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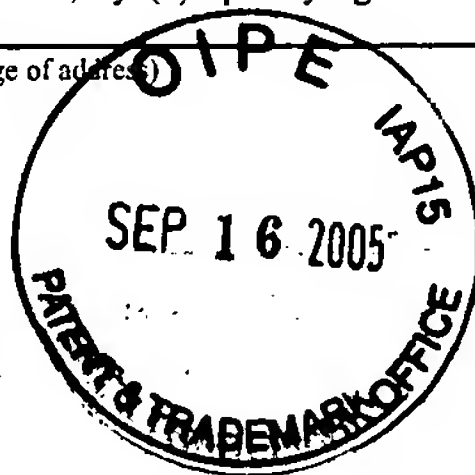
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7590

06/22/2005

David L. Fehrman
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09/19/2005 SSITHI82 00000052 031952 10664440

01 FC:1501 1400.00 DA
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Enrique Moreno	(Depositor's name)
<i>Enrique Moreno</i>	(Signature)
September 14, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/664,440	09/18/2003	Mitsuyuki Asaki	514802002600	4476

TITLE OF INVENTION: PATTERN WIDTH MEASURING APPARATUS, PATTERN WIDTH MEASURING METHOD, AND ELECTRON BEAM EXPOSURE APPARATUS

03 FC:8001 30.00 DA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	09/22/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
SMITH, JOHNNIE L	2881	250-310000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02, or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

MORRISON & FOERSTER LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

ADVANTEST CORPORATION

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

TOKYO, JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 10

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- ☐ A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 03-1952 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date September 14, 2005

Typed or printed name

David L. Fehrman

Registration No.

28,600

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